

Public Health Dentistry and Prevention Overview



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Public Health Dentistry

- Doing the most good for the greatest number of people.
- The entire community is your patient because you are trying to improve the oral health of the entire community.
- We have to find ways to improve oral health among both dental clinic users and nonusers.



In the Community

- Medical and Community Health Staff Training
- School-based fluoride, sealant, and xylitol programs
- Water Fluoridation
- ECC Programs



ADA: Choosing Wisely Campaign

1. Don't recommend non-fluoride toothpaste for infants and children.
2. Avoid restorative treatment as a first line of treatment in incipient occlusal caries without first considering sealant use.
3. Avoid protective stabilization, sedation or GA in pediatric patients without consideration of all options with the legal guardian.
4. Avoid routinely using irreversible surgical procedures such as braces, occlusal equilibration and restorations as the first treatment of choice in the management of TMJ disorders.
5. Don't replace restorations just because they are old.

More Buckets?

Prevention IS the key to Improved Oral Health



More dental
staff



More money



More dental
chairs



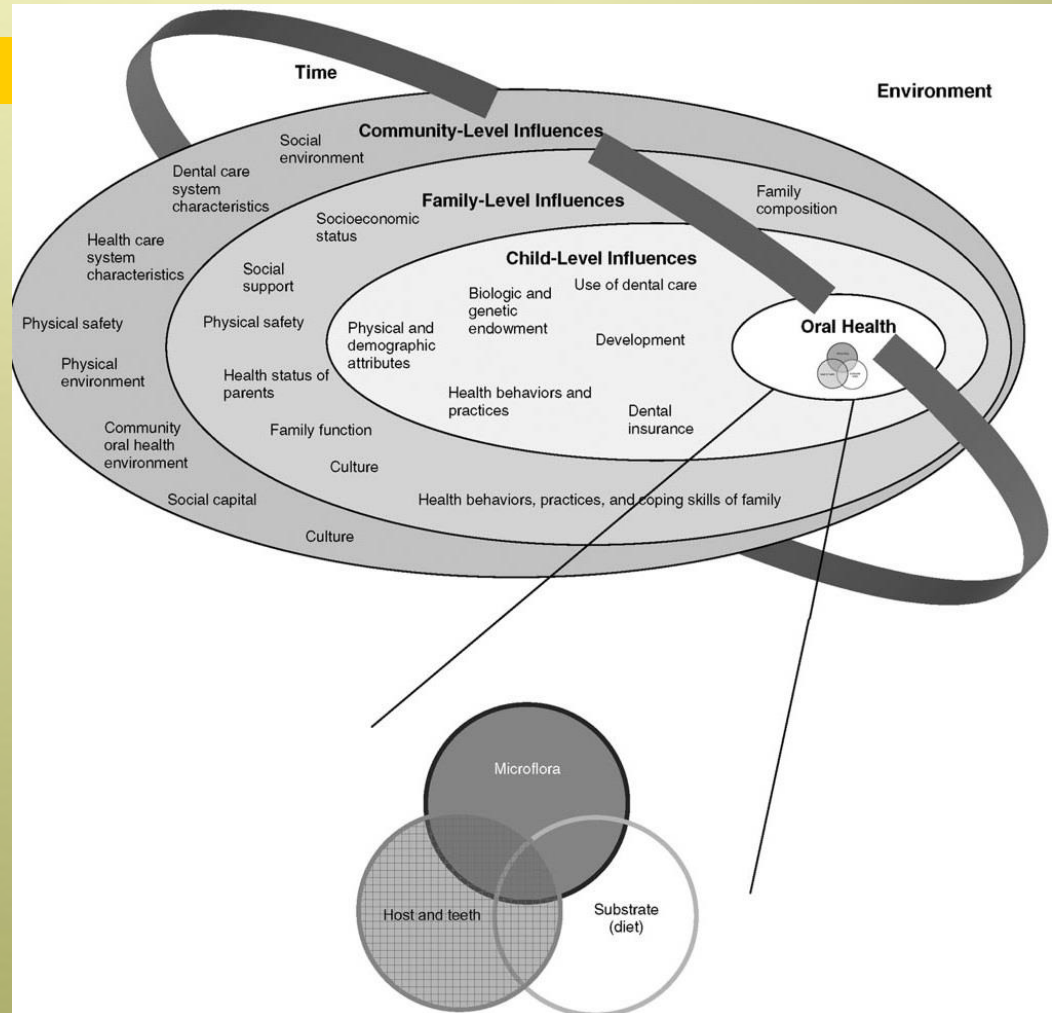
More pediatric
dentists and
other
specialists

More treatment is NOT the only answer!

- Treatment alone does NOT reduce the bacterial levels nor stop the process of dental caries.



Dental Caries is a “Complex Disease”



A Complex Disease calls for Multiple Interventions



- Assess caries risk status: Use a sharp eye, a blunt explorer, and interviewing skills.
- Treat the disease by remineralizing tooth surfaces and controlling infection. White spot lesions can be reversed!
- Use minimally invasive dentistry whenever possible.

Multiple Interventions



- Silver diamine fluoride
- Fluoride: (systemic and topical)
- Sealants
- Diet
- Oral Hygiene
- What's on the horizon?

Fluorides

- Water fluoridation
- Professionally applied fluoride varnishes: 3-4 times a year
- Self-applied mouthrinses and toothpastes: daily



Fluoride Toothpaste

- Recommend fluoride toothpaste at every visit.
- The recommended amount is a “rice-size” dab or a swipe across the width of the brush for babies and a “pea-size” dab for older children.
- 2x is better than 1X a day and no rinsing is best 😊



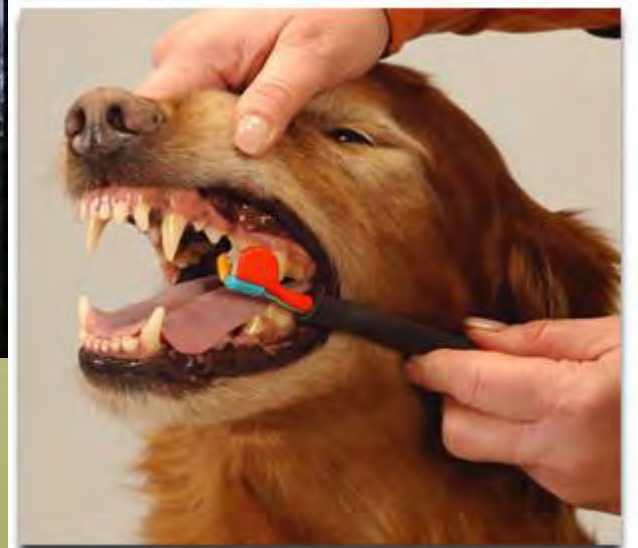
Oral Hygiene Instruction and Toothbrush Prophylaxis:



- Disclose plaque and have patient brush
- Provide OHI to child and/or parents until all plaque is removed. Stress self-assessment.
- OHI should be consistent and individualized
- Remove calculus and polish selectively
- Floss



EVERYONE should brush twice daily with fluoride toothpaste!



Silver Diamine Fluoride

- SDF was approved by the FDA for sensitivity but can be used off label for caries arrest
- Product is Advantage Arrest
- ODA passed a resolution allowing DAs and RDHs to apply SDF
- Stay Tuned!

Seal out Decay!

- 100% reduction in pit and fissure caries if sealant is retained without leakage.
- 80-100% retention after 2 years, 55-66% up to 7 years.



Unprotected - Protected

More on Sealants: CDC Recommendations



- Toothbrush prophylaxis with a dry brush increases retention.
- Losing a sealant does not increase caries, unless you have opened the grooves. Avoid opening the grooves.
- Seal until frank cavitation exists. Use visual assessment, dull explorers, and air. Seal questionable caries.

More on Sealants



- Consider primary and permanent teeth.
- Ideally, patients should be on a preventive fluoride program.
- Use a 4-handed technique if possible.
- Code 1351 unless you are into the dentin.
Code 0007: “all sealed up”, at least one molar sealant and none needed

Dietary Counseling

- Limit intake and number of exposures to dietary sugars and highly refined carbohydrates.
- Counsel with an awareness of diabetes and obesity issues.



Sweetened Drinks!

- A 12 ounce can of pop has 12 tsp of sugar (1/4 cup)
A big gulp has 5 cans of pop in it.
- Health effects include obesity, tooth decay, caffeine dependence, and weakened bones.



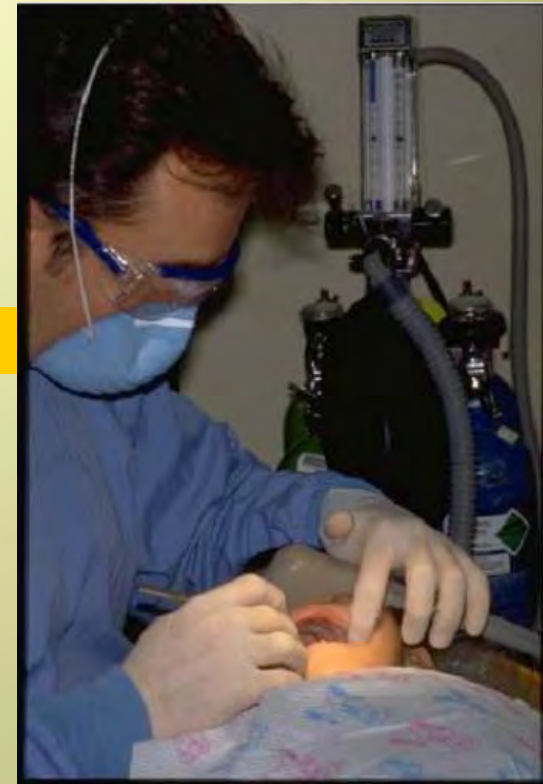
Portland Area Baby Teeth Matter Program

- Increase Access for 0-5 year olds
- Decrease referrals to pediatric dentists



Cost of Treating ECC

- IHS has estimated that it costs \$8,000 or more if treated under general anesthesia.
- FDA warning
- 40-50% of children treated with severe ECC have new decay within 4-12 months.



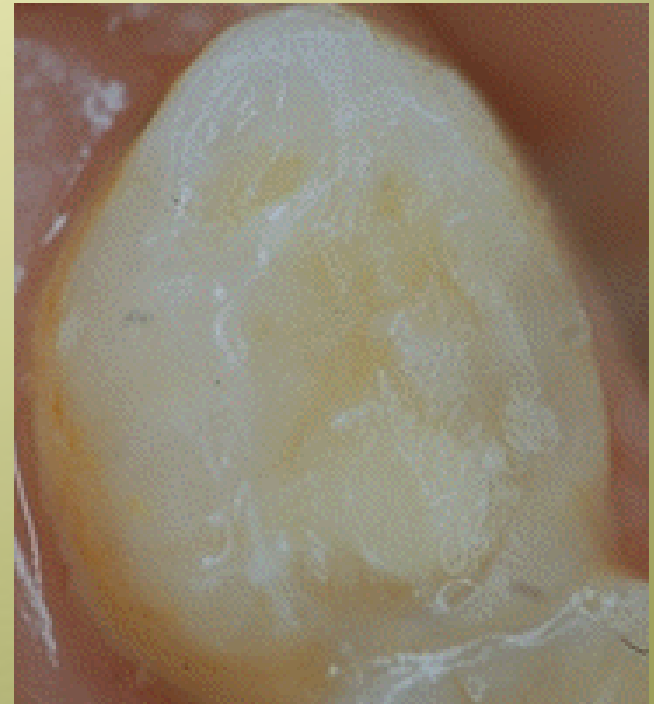
Preventing ECC: What Works?

- Dedicated case manager
- Open Access
- Medical, WIC, Head Start, Daycare collaborations
- Paradigm Shift: Minimally Invasive Dentistry
- Policy Changes



Caries Stabilization

- Take the online course.
- Incorporate glass ionomer sealants and fillings and silver diamine fluoride into your dental program.
- Keep in mind that your attitude will set the stage for adoption of ITR.



Young Children: Tips from the Field

- Variations on the knee to knee technique
- Distraction is key and keep your cool!
- Building this relationship early on makes for a more cooperative 3-4 year old dental patient.



Periodontal Disease Prevention

- Screen using CPI
- Ask about tobacco
- Ask about diabetes
- Recall based on potential for improvement



Program Planning Using CPI

Patients \geq 18 Years
Dental Exam Must Include CPI

CPI = 0

No Treatment

Recall 1-2 Years

CPI = 1

OHI
Tobacco Cessation

Annual Recall

*Unless assessed high risk

CPI = 2

Scaling, OHI
Tobacco Cessation

Annual Recall

*Unless assessed high risk

CPI = 3

Scaling, OHI
Tobacco Cessation

Complete Perio Charting and appropriate radiographs if more than one sextant of CPI 3
Treatment Plan
Debridement/Root Planing (as needed)
3-6 Month Recall

CPI = 4

Scaling, OHI
Tobacco Cessation

Complete Perio Charting and radiographs
Treatment Plan
Debridement/Root Planing
More Complex Treatment or Referral
3 Month Recall

For children ages 12-17 Assess gingival health and future risk to determine need for probing. Pseudo pockets due to eruption or orthodontics are not a risk factor. You are looking for calculus, early onset bone loss, and any unexplained bleeding. By identifying children at high risk for future perio disease, we can intervene early to prevent future disease.

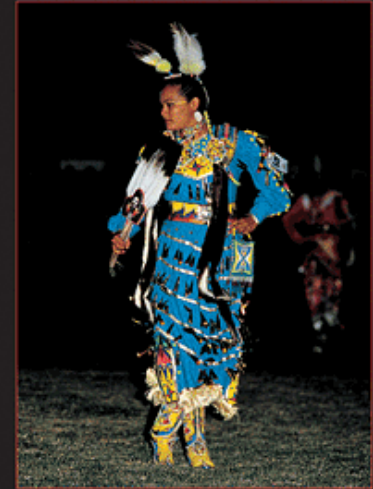
In the Clinic: Individualized Prevention Planning

Document an individualized
Prevention Plan
for each patient



Individualized Recall

- Based on individual risk for future disease.
- Based on patient compliance.
- Based on dental clinic patient load and resources.



ACOSTA RED ELK
WOMEN'S JINGLE DRESS DANCER
UMANTIA / CIRCUS

JANUARY

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Effective Health Education

- Small Steps
- Positive Reinforcement
- Interactive and Individualized Strategies (Motivational Interviewing)
- Repeated and Consistent Messages from dental staff, medical staff, and community partners



Teamwork



- It is critical that ALL dental staff are trained to deliver consistent, repeated oral health promotion messages.

Healthy Smiles, Healthy Families

“People don’t care what you know
until they know that you care”

